| DO NOT STAPLE |   |   |   |   |   |   |   |   |  |
|---------------|---|---|---|---|---|---|---|---|--|
| Event Number: |   |   |   |   |   |   |   |   |  |
| 2             | 0 | 0 | 8 | 0 | 9 | - | 0 | 1 |  |

## Iowa Department of Human Services Disaster Reimbursement Grant Program Individual Disaster Assistance Application

| Social Security Number: |  |   |  |  |   |  |  |  |  |  |
|-------------------------|--|---|--|--|---|--|--|--|--|--|
|                         |  | - |  |  | - |  |  |  |  |  |

| Questions? - Call 1-877-937-3663   |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| 1) Applicant Information - (applicant must be 18 years or older)  First Name:  MI: Last Name:      |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Date of Birth: (MM/DD/YYYY)  |  |  |  |  |  |  |  |  |  |
| Gender: Male   |  |  |  |  |  |  |  |  |  |
| Number of Children (up to age 17)  Number of people living in household at time of disaster event: |  |  |  |  |  |  |  |  |  |
| Number of Adults (18 or older)   |  |  |  |  |  |  |  |  |  |
| Total annual household income: \$,   |  |  |  |  |  |  |  |  |  |
| 2) Contact Phone Numbers Area Code Phone Number Notes  |  |  |  |  |  |  |  |  |  |
| Damaged Dwelling Phone: (  |  |  |  |  |  |  |  |  |  |
| Current Phone Number: ( ) -   -  |  |  |  |  |  |  |  |  |  |
| Cell Phone: ( ) -  |  |  |  |  |  |  |  |  |  |
| Alternative Phone: ( ) -   |  |  |  |  |  |  |  |  |  |
| Email:   |  |  |  |  |  |  |  |  |  |
| O) Address of Developed Developed  |  |  |  |  |  |  |  |  |  |
| 3) Address of Damaged Dwelling Street Address:   |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| City: State: Zip:  |  |  |  |  |  |  |  |  |  |
| County:  |  |  |  |  |  |  |  |  |  |
| Do you rent or own this dwelling? ☐ Rent (Furnished) ☐ Rent (Unfurnished) ☐ Own                    |  |  |  |  |  |  |  |  |  |
| Type of Dwelling: ☐ Home ☐ Townhome ☐ Apartment ☐ Mobile Home                                      |  |  |  |  |  |  |  |  |  |
| Do you have homeowner's or renter's insurance? ☐ Yes ☐ No  |  |  |  |  |  |  |  |  |  |
| 4) Mailing Address   |  |  |  |  |  |  |  |  |  |
| In Care Of:  |  |  |  |  |  |  |  |  |  |
| Street Address:  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| City: State: Zip:  |  |  |  |  |  |  |  |  |  |
| County:  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 5) Alternate Contact - In case we cannot reach you using the information provided above            |  |  |  |  |  |  |  |  |  |
| Name:  |  |  |  |  |  |  |  |  |  |
| Phone: (       )     -   |  |  |  |  |  |  |  |  |  |

| 4588566664  |  | So  | cial Sec   | urity N  | lumb   | er:  |  |
|---|--|---|--|--|--|--|--|
| 6) Damages - Total Reimbursemen   | t Request Cannot Exceed \$5,000  |   | $\prod$  | ]-┌  |  | - [  |  |
| 6a) - Kitchen Category Cap \$560  | · · · · · · · · · · · · · · · · · · ·  |   |  |  |  | _  |  |
| ☐ (1) Equipment/Furnishings   | \$560 maximum  | 9   |  | Π.   |  |  | £  |
|   | \$50 For 1 Person<br>\$25 for each additional person   | 9   | <b>-</b>   | Ħ.   | 一  | Ħ  | Purchase dates on each<br>ays of the Governor's  |
| 6b) - Bathroom Category Cap \$150   | \$25 for each additional person  | `   | <u> </u>   | ш.   |  |  | ates (<br>overr  |
| (1) Personal Hygiene Items  | \$30 per person  | 9   |  |  |  |  | မွ်းမွ   |
| 6c) - Bedroom Furnishings Category  | •  | ٦   | <u>′</u>   | Ш.   |  |  | rcha;<br>of th   |
| (1) Bedroom Furnishings EXAMPLE: mattress, box springs, frame, str  | \$250 max per person   | 9   | $\Box$   | $\square$ .  |  |  | on. Pu<br>5 days   |
| (2) Clothing  | \$145 max per person   | 9   | ; <u> </u>   | П.   |  |  | olicatio<br>Ithin 4  |
| 6d) - Other Items   |  | . –   | $\equiv$   |  | $\overline{}$  | _  | da<br>Se se  |
| ☐ (1) HVAC Air Conditioning covered only with proof of m  | \$2,100 installed nedical necessity  | \$[   | <u> </u>   | <u></u>  | Щ  |  | submitted with the application.<br>disaster event and within 45 d  |
| ☐ (2) Water Heater  | \$425 installed  | 9   | $\vdash$   | <u></u>  -   | Ц  | ╛  | iffed v  |
| ☐ (3) Dehumidifier  | \$150 maximum  | 9   | ;  | <u></u> .  | Щ  |  | subra<br>disa  |
| (4) Sump Pump (flood event only)  | \$200 installed  | 9   | ;  | <u> </u>   | Ц  |  | ust be<br>of the   |
| ☐ (5) Electrical/Mechanical   | \$300 maximum  | 9   | ;  | <u> </u>   | Ц  |  | emsm<br>stdate<br>ent.   |
| <ul> <li>☐ (6) Vehicle Repair</li> <li>Does not cover recreation-use vehicles, such</li> <li>☐ (7) Infant Car Seat</li> </ul>   | \$500 maximum<br>h as boat, RV, ATV, etc.<br>\$40 maximum  | 9   | \$ <u> </u>  | ∐.<br>∏.   |  |  | Original receipts for all replacement items must be submitted with the application. Purchase dates on es receipt must be no earlier than the first date of the disaster event and within 45 days of the Governor's declaration of a qualifying disaster event. |
| 6e) - Minor Home Repair / Materials 0   | ·  |   | ٠ ـ  |  |  |  | repla<br>lier t  |
| ☐ (1) Structural Components EXAMP   |  | \$[   |  |  |  |  | or all<br>o ear<br>ualify  |
| •   | lings, doors, windows, carpet  | \$  | ++   | Η.   | $\forall$  | $\dashv$   | Original receipts for<br>receipt must be no e<br>declaration of a qual   |
| 6f) - Temporary Housing Daily Cap \$  |  | Ψ   |  | Ш.   |  |  | al rec   |
|   |  | ΦΓ  | TT   | П  | П  | $\neg$   | rigins<br>ceipt  |
| (1) Temporary Housing   | days max \$50 per day  | \$[   | <del>     </del>   | <u> </u>   | 블  | <u> </u>   | 0 6 8  |
| 6g) - Total Requested Reimbursement   | Maximum \$5,000  | \$_   | $\perp \perp \perp$  | ∐.   |  |  |  |
| 7) Signatures  I attest that the information provided on this form is Services, Homeland Security and Emergency Mana under the Iowa Individual Disaster Grant Program. I administer this program as determined necessary be this household are legal residents of the United Stat that covers losses claimed or if I have received assinsurance deductibles. I understand and agree that charity, Federal Emergency Management, Small Buhave a right to withdraw this claim. I understand I have Applicant: | agement, and County Emergency Management I authorize the re-release of this information to copy the Iowa Department of Human Services. I at tes. I understand that I am not eligible for benefistance from other programs and that this progrif expenses claimed on this form are paid for business Administration, I will repay the funds recognised. | to reque other aid test that fits under am does another ceived to | st reimbu organizat persons this proc not prov entity or the State | rsementions and receiving ram if ide pay prograge of low | nt for ond pering assortions I have rement am, income. | exper<br>rsons<br>sistan<br>e insu<br>for<br>cludir<br>nders | to<br>ce in<br>rance<br>g a<br>tand I  |
| I confirm that (1) The address provided on the appli  |  | eved to b   | e in the c   | disaste  | r-affec  | ted a  | irea,  |
| and (2) Disaster-related expenses were possible as Management will maintain copies of this application  | a result of the current disaster. The office of lo   |   |  |  |  |  |  |
| County Emergency Management Coordinator   | or Designee: Date (MM/DD/YYY)  | <u></u>   |  | <u>Co</u>  | unty   | Num  | <u>ber:</u>  |
|   |  | <u>/                                    </u>                      |  |  | <u>L</u>   |  |  |
| lowa Department of Human Services Designa   | tted Official:  Date (MM/DD/YYYY)  | /   |  |  |  |  |  |